

encouraging and in some instances unexpected and remarkable. Persons with extensive consolidation, softening, and occasionally cavities at the apex of the lung, after a few weeks' treatment, lost the distressing urgency of cough, expectorated less, were able to sleep, improved in appetite, digestion, and assimilation, and put on weight. It is needless to add that the patients improved the most in whom the disorganising changes and impairment of general health were least pronounced. At the same time careful attention was given to common-sense measures for the improvement of the general health by fresh air, nutritious diet of an easily assimilable kind, rest, personal cleanliness, and general hygienic surroundings.

Medically, the drugs used were iron, strychnine, and quinine. Subsequent experience has confirmed me in the value of this method of treatment, and that when the lesion of the lung is not too extensive and the constitutional disturbance is moderate in degree, hope of recovery may fairly and reasonably be anticipated. Speaking of constitutional disturbance leads me to observe that one occasionally sees cases where one distressing symptom, dyspnoea, seems altogether out of proportion to the extent of the disorganisation of the lung. Where there are so many facts in medicine it is, perhaps, unwise—it is certainly often inexpedient—to theorise. But it has occurred to me whether in these cases the bacillar toxins inhibit the heat centres and so, from states of hyperpyrexia, set up the dyspnoea, or, on the other hand, may the dyspnoea be more directly caused by reflex through the pulmonary branches of the pneumogastric to an unstable respiratory centre? There is nothing in the method of treatment I now am advocating in conflict with the method described as "the open-air treatment." On the contrary, it plays a part—perhaps the leading part—not only in pulmonary phthisis but in all diseases of a malnutritive type. We possess specifics for few diseases and those of us with the largest clinical experience are the foremost to recognise and to emphasise this truth. It behoves us, therefore, to treat disease from a broad and enlightened standpoint. What do I mean by this? Simply that it should be our constant aim and endeavour to balance, so to speak, the discords of disease, to assist the return to the discharge of the natural and healthy functions of the body, to favour a healthy interchange between blood and tissue, to promote a normal metamorphosis—in short, to strive after the attainment of the normal standard, spoken of as health. It is in this direction that healing is accomplished and without it all other means are vain. In this conclusion is nothing new, nothing startling, only the recognition of golden truth revealed by time and observation and the happy possession of men who labour for the good of others.

I am, Sirs, yours faithfully,

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## MOTOR BICYCLES.

To the Editors of THE LANCET.

SIRS,—I have followed with interest the letters in THE LANCET re motors and as I have during the last five months ridden nearly 2000 miles on my motor perhaps I may be allowed to add my impressions to those you have already published. My machine was built by a local maker (Messrs. Shaw and Co., Bishop Auckland) and fitted with a Minerva engine of 1½ horse-power. Being absolutely ignorant of the principles of mechanics generally I took occasion to visit the workshops during the construction of the bicycle and by the time it was ready for delivery I had acquired a fair theoretical acquaintance with my motor. It was delivered to me on a stormy, snowy day in February and so impatient was I to try it that after a trial run, which gave every satisfaction, I attempted to round a very slippery and rather sharp corner at a rate probably of 15 miles an hour. The machine "skidded" and I came down. That was my first and, so far, last fall. I have ridden the machine in all weathers, up and down steep hills, through towns, and along back lanes, and up to the present I have nothing but enthusiastic praise for my mount. My battery ran 823 miles without recharging and up to now has only been recharged twice. I am still using the same belt which was on the machine at the start; I have broken it about eight or nine times, but it can be repaired in a couple of minutes, and with these exceptions I have had absolutely no trouble whatever.

The machine complete with acetylene lamp, extra large

tool-bag, and special horn, cost me £42 15s. nett. From the point of view of a medical officer of health to a large rural district who has to pay his own travelling expenses this is an exceptionally good investment. Two horses at least would be required to do the rounds I sometimes do in one day, but what I still more prefer is the saving of time. I can easily beat all the ordinary local trains in getting to points of my district and as an effective aid in obtaining the prompt isolation or removal of infectious cases to hospital it is simply invaluable. Within three hours of the receipt of a notification I have had cases *en route* to hospital from houses nine or 10 miles removed from my centre and from very outlying districts, and this without any approach to bustle or hurry. The machine doubtless requires a bit of attention, but everything that is worth having requires attention and well repays it. There is an exhilarating fascination in a good long run on a motor which is quite unlike any other form of pleasurable excitement I have ever experienced and the management of a pulsating, throbbing 1½ horse-power engine underneath one provides constant interest. The battery recharging has cost 1s. 6d. and the petrol about 20s. That has been practically my total outlay in getting over the distance mentioned above. I do not agree with Dr. W. T. Sheppard<sup>1</sup> that those high-priced machines made by large firms with names are worth the extra money. I raced a medical man the other day who was mounted on a very expensive and well-known motor bicycle (2 h.p.) and I literally romped away from him. I must in fairness add that he was five stones heavier in weight but against that he had an extra ½ horse-power and he has had quite as much experience of motor bicycling as I have.

From my own experience I have no hesitation in advising any one who contemplates buying a motor bicycle to do so. A more economical, rapid, and pleasant way of getting over the ground will be hard to find.

I am, Sirs, yours faithfully,

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July 31st, 1902.

## GOLD MINERS IN THE TRANSVAAL.

To the Editors of THE LANCET.

SIRS,—I have read with interest the very timely article of Professor T. Oliver in THE LANCET of June 14th, p. 1677, and would ask a little of your space for some remarks which arise from thinking of the article. Undoubtedly a large number of cases of pulmonary disease have arisen in the Transvaal and in South Africa generally. I believe that Professor Oliver is right in regarding these cases as pulmonary fibrosis. I have seen and observed for weeks many such cases and all bear the clinical features described by Professor Oliver.

I do not desire at present to say anything further of the disease, but I do want to ask medical men in Britain, in the mining districts especially, to warn any miners who have the slightest tendency to pulmonary weakness against coming to South Africa to ply their trade. Following the cessation of the war and the consequent opening of the country, large numbers of men, especially those who have any weakness of the chest, will be for coming here, thinking they can get health and good work. This country and the two newly acquired States are the worst places such miners could seek if they have any pulmonary trouble. Hundreds came out prior to the war and from among these are the patients Professor Oliver, Dr. James Anderson, and others have seen on their return to England since the war began.

Broken down utterly in health after only a short time here, they are terrible examples of the effects of mining in South Africa on any but the strongest constitutions. Furthermore, men who get sick out here cannot get the nursing, care, and attention their cases require, and after battling with the disease they are forced to give in; they start for England and the sea-voyage, with its quickly varying climates, puts the final touch to them. It is an absolute fact that these cases of fibroid phthisis do very badly on the passage home. I have seen at least 20 of these cases leave Cape Town during the past two years, and their condition on landing in England was very much worse than when they embarked in spite of every care and attention during the voyage. I would therefore ask my professional brethren in Great

<sup>1</sup> THE LANCET, July 26th, 1902, p. 257.